### CITY OF BEDFORD, OHIO Income Tax Return

P.O. Box 92636-T Cleveland, Ohio 44190-2636 (440) 735-6505 or (888) 232-1600

### IF YOU MOVED SINCE JANUARY 1, 20 \_ COMPLETE THIS BOX.

Present Address	City	State	Zip
Old Address	City	State	Zip
Date of Move			



www.bedfordoh.gov **DUE BY APRIL 15, 20** NAME AND ADDRESS (Print or type) Your Social Security Number Spouse's Social Security Number 1. WAGES AND COMPENSATION (From W-2s only) CAUTION: A copy of all W-2 Forms Location Where Earned **COLUMN 1A COLUMN 1B** (As shown on W-2 Form) **Caution:** List separately wages earned in Bedford and other Communities. Total Wages (As shown on W-2 Form) Withheld for COLUMN 1C COLUMN 1D **COLUMN 1E** Bedford **BEDFORD** \$ \$ 1.5% of Withheld for Lesser of Other Cities Column 1A Column 1C or 1D **Other Communities** \$ \$ \$ Municipality **List Separately** \$ \$ \$ **COLUMN TOTALS** \$ Post (To Line 2a) Post (To Line 4b) Post (To Line 4c) 2. INCOME b. Total other income (Federal Schedule C), Rental income (Federal Schedule E) and Total (Add lines 2a and 2b) **PAYMENTS AND CREDITS** a. Estimated payments and prior year overpayment credit (As of \_ \_\_\_\_\_) 4a. \_\_\_ b. Withheld for Bedford (From 1B) ...... 4b. c. Credit for other cities (From 1E) ...... 4c. \_ d. Direct payments to other cities (See Instructions) ...... 4d. \_\_\_ e. Total payments and credits (Add lines 4a through 4d)..... 5. BALANCE of tax due [overpaid] subtract line 4e from line 3...... 6. PENALTY AND INTEREST a. Late Filing: Penalty (\$25) \$\_\_\_\_\_\_ b. Interest (1 1/2% Per month) \$\_\_\_\_\_ (Add line 6a and 6b) **8. OVERPAYMENT** (If line 7 is less than zero) \_\_\_\_\_ 8b. Credit to 20 \_\_\_\_\_Estimated Tax 8a. Refund (If \$2.00 or more) 9. **ESTIMATED TAX** (See Instructions) a. Estimated tax liability for 20\_ 9a. 10. TOTAL DUE City of Bedford (Add lines 7 and 9b) 10. \$\_ (Make check or money order payable to City of Bedford if \$2.00 or more) HAVE YOU RECEIVED ANY REFUND FROM OTHER CITIES? NO 🗆 YES □ AMOUNT \$ The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated and that the figures

used herein are the same as used for Federal Income Tax purposes, unless otherwise required by local ordinance of statute, and if an audit of Federal return is made which affects tax liability shown on this return, an amended return will be filed within 3 months.

Date Date Signature Preparer's signature (other than taxpayer)

Signature of spouse (If joint return) Address (and Zip Code) Phone No. PLEASE SIGN AND RETURN ORIGINAL FORM WITH YOUR PAYMENT. NOTE: PLEASE MAKE A COPY FOR YOUR RECORDS



# NOW IT'S EVEN EASIER TO FILE YOUR CITY OF BEDFORD TAX RETURN

# GO TO <u>WWW.BEDFORDOH.GOV</u> AND FOLLOW THE EASY INSTRUCTIONS UNDER THE HEADING INCOME TAX DEPARTMENT

- 1. ANSWER A FEW SIMPLE QUESTIONS AND YOUR RETURN IS READY TO PRINT
- 2. ATTACH YOUR W2s AND/OR SCHEDULES, SIGN THE RETURN AND SEND IT IN

## IT'S THAT SIMPLE

CITY OF BEDFORD TAX DEPARTMENT (440) 735-6505

ESTIMATED PAYMENTS AND CREDITS TO DATE ARE ALSO AVAILABLE ONLINE